

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

10/522559

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		1					52		/				
3							53		/				
4		2					54		/				
5		①					55		/				
6		①					56		/				
7		①					57		/				
8		①					58		/				
9		①					59		/				
10		①					60		/				
11		①					61		/				
12		①					62		/				
13		①					63		/				
14		①					64		/				
15		①					65		/				
16		①					66	/					
17	/						67	/					
18		1					68						
19							69						
20		2					70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27		①					77						
28		①					78						
29		①					79						
30		①					80						
31		①					81						
32		①					82						
33	/						83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						